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022434 7590 11/01/2005

**BEYER WEAVER & THOMAS LLP
P.O. BOX 70250
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01 FC:1504 300.00 OP
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Deborah Neill

(Depositor's name)

Deborah Neill

(Signature)

January 31, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/919,170	07/30/2001	Takahiro Kawana	800235.0018	2639

TITLE OF INVENTION: METHOD OF CONCENTRATING PROCESSED VEGETABLE AND FRUIT PRODUCTS BY REVERSE OSMOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/01/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEIER, ANTHONY J	1761	426-422000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). **Beyer Weaver & Thomas LLP**

Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kagome Kabushiki Kaisha

Aichi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies One

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed. **any deficiencies**
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge ~~the required fees~~ or credit any overpayment, to Deposit Account Number 50-0388 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date January 31, 2006

Typed or printed name

Registration No. 29,093

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